Name in Full — Certificate of Death

Borbella Bean

Died at Town: Frostburg — County: Allegany — MARYLAND

Date 189 8 Oct 1 — Age 69 Y. M. D. — Native of Germany — Occupation Merchant

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living

Husband / Wife of Hazle Bean

Father's Name Lackorf — Mother's Name

Cause of Death: Primary Diabetes — How long sick

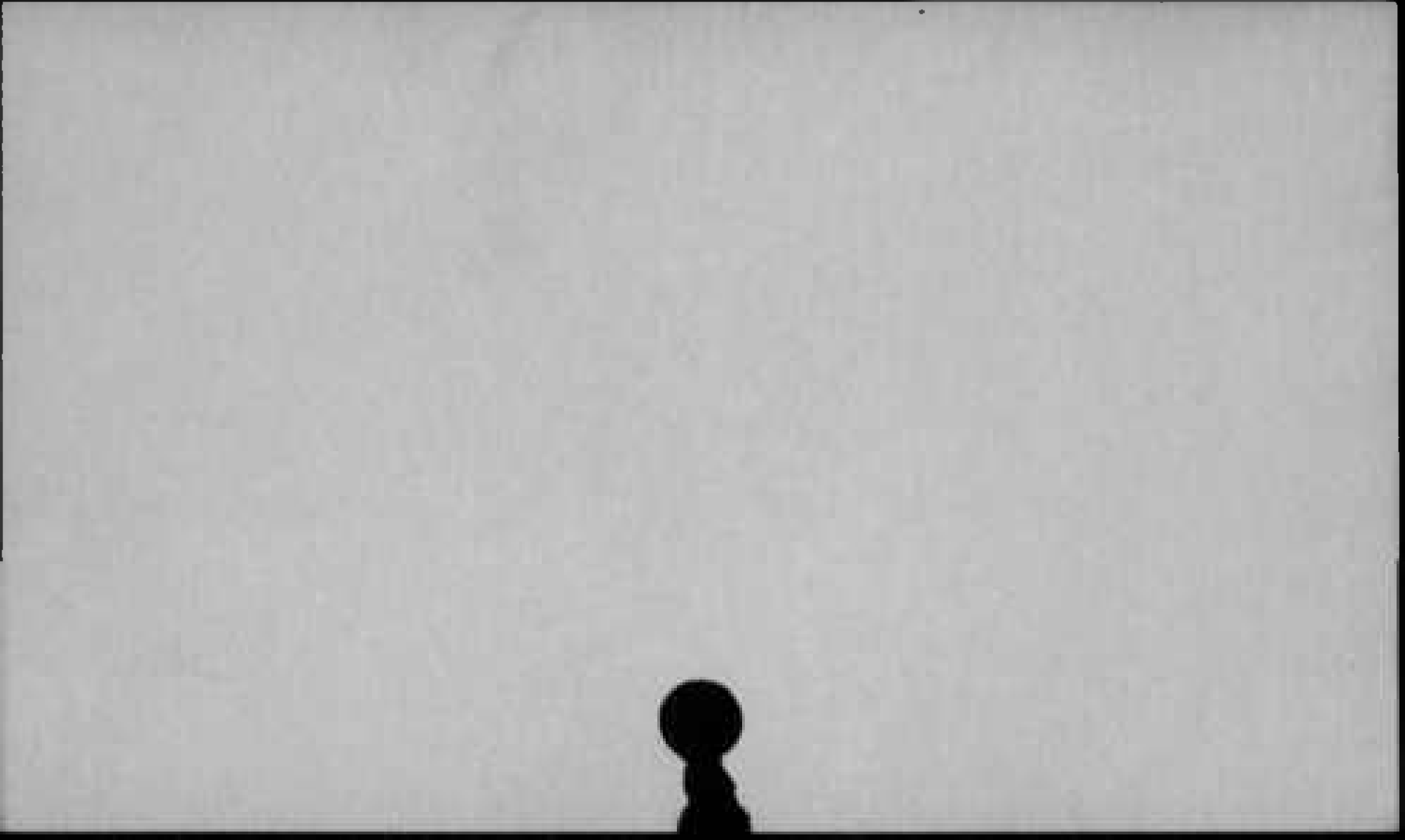
Immediate Gangrene of foot — Accident, Suicide, Homicide

Reported by P. D. Price

Address Frostburg

Must be signed by physician, if any in attendance, otherwi[illegible]roner, undertaker or minister.

LIBRARY BUREAU, 6686R



Name in Full | Certificate of Death

Ann Biddington

Died at Town: Frostburg County: Allegany MARYLAND

Date 1898 Month: Oct. Day: 7 | Age Y. 87 M. D. yrs. | Native of | Occupation: Housewife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living

Husband of Wife

Father's Name | Mother's Name

Cause of Death: Primary: Fractured humerus | How long sick

Immediate: Hypostatic Pneumonia | Accident, Suicide, Homicide

Reported by J. M. Price

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Hattie Boyd

Town

Died at Cumberland

County

Allegany

MARYLAND

Date 1898 Month Oct Day 17

Age Y. 27 M. 3 D. —

Native of Md

Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~

~~Widow~~ Widower

~~Divorced~~

Number of children living 2

~~Husband~~ Wife of Hattie Boyd —

Father's Name —

Mother's Name —

Cause of Death: Primary Apoplexy 42

Immediate —

How long sick 4 days

~~Accident Suicide Homicide~~

Reported by W. W. Wiley

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full Anna E. Brown

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Oct Day 1 Age Y. 70 M. 4 D. 12 Native of Cumb. Occupation Washwoman

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 8

~~Husband~~ Wife of John F. Brown

Father's Name

Mother's Name

Cause of Death Primary Chronic Nephritis How long sick 5 mos.

Immediate Uremia 97 ~~Accident, Suicide, Homicide~~

Reported by John H. Tompkins

Address 65 N. Mechanic St City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full — Certificate of Death

Annie L. Brown

Died at — Town: Cumberland — County: Allegheny — MARYLAND

Date 189? — Month: 10 — Day: 3 — Age: Y. 76 M. D. — Native of — Occupation: Servant

~~Male~~ — ~~White~~ — Married — Widow — Divorced

Female — Colored — ~~Single~~ — Widower — Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary — 161 — How long sick

Immediate

Accident, Suicide, Homicide

Reported by The Courier — 10-8

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full John B. Candy

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 5 Month Day 10 - 5 | Age Y. 43 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | Divorced ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Balto American

Address 10-7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full George Walter Clise

Certificate of Death

Died at Town Ocean County Allegany MARYLAND

Date 1898 Month 10 Day 17 Age Y. 12 M. 4 D. 26 Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Thos F Clise

Mother's Name Mary Agnes Stevenson

Cause of Death Primary Rheumatism How long sick 2½ months

Immediate Emphysema Endocarditis Accident, Suicide, Homicide

Reported by A G Smith M.D.

Address Ocean Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Curtain Graham Certificate of Death

C. G. Cheney

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Month Oct Day 7 Age Y. 49 M. D. Native of Occupation Plumber

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow ~~Widower~~ Divorced Number of children living 4

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Diabetes Supposed to be cere- Instantly

Death Immediate Cerebral Hemorrhage Accident, Suicide, Homicide

Reported by A. B. Price M.D.

Address Frostburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Sophia Copeland

Certificate of Death

Died at Town Cumbd County Allegany MARYLAND

Date 189 8 Month 10 Day 31 Age Y. 26 M. — D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

~~Husband~~ Wife of John Copeland

Father's Name Mother's Name

Cause of Death Primary Phthisis 22a How long sick 1 yr

Immediate Paralysis of lungs ~~Accident, Suicide, Homicide~~

Reported by C. V. T. Brace

Address Cumbd Md

Must be signed by physician, if any in attendance, otherwise coroner, undertaker or minister.

LIBRARY BUREAU, 65169

Name in Full: Chas. L. Gage

Certificate of Death

Died at near Town: Midland County: Allegany MARYLAND

Date 1898 Month: 10 Day: 31 | Age Y.: 19 M.: 1 D.: 12 | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: James Gage

Mother's Name: 42

Cause of Death { Primary: Bursting of Blood vessel in head | How long sick

Immediate: | Accident, Suicide, Homicide

Reported by: The Star 11-3

Address: Lonaconing

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Wm. J. Cump

Died at Town Frostburg County Allegany MARYLAND

Date 1898 Month Day Dec 12 Age Y. M. D. ~~18 6 7~~ Native of Occupation

Male White Married 46 Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 145 C

Cause of Death Primary Crushed in a coal mine How long sick 18 years

Immediate Accident, Suicide, Homicide

Reported by Minin, Jonnie Dec 15th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

John F. Davey

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Oct. Day 16 Age Y. 53 M. 10 D. Native of America Occupation Watchman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name William Davey

Mother's Name Elizabeth Davey

Cause of Death Primary Tuberculosis (Pulmonary) How long sick 7 Months

Immediate Exhaustion 22 Cv ~~Accident, Suicide, Homicide~~

Reported by F. W. Fochtman M.D.

Address #18 N. Center St Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full Wm Dowery

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Oct Day 15 Age Y. 52 M. D. Native of Maryland Occupation Plasterer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ Widower ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Riley Dowery Mother's Name Sidney Dowery

Cause of Death Primary Cirrhosis of Liver How long sick 3 months

Immediate Exhaustion 90 ~~Accident, Suicide, Homicide~~

Reported by E. J. Duke M.D.

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary Durst

Died at Town: Frostburg County: Allegany MARYLAND

Date 189 8 Month: Oct Day: 4- Age Y. 73 M. D. Native of Frostburg Occupation

~~Male~~ / Female White / ~~Colored~~ Married / ~~Single~~ Widow / ~~Widower~~ Divorced

Number of children living

Husband / Wife of Dont Know

Father's Name Dont Know

Mother's Name Dont Know

Cause of Death: Primary old age 141 How long sick dont know

Immediate old age

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C Lantz

Address Frostburg

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70708

Name in Full

Certificate of Death

James Abbott Ferguson

Died at Town Cumbd County Allegany MARYLAND

Date 1898 Month 10 Day 7 Age Y. M. D. Native of Occupation

Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name Mother's Name

Cause of Death Primary Paralysis 44 How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Made 1 Visit Sept. 20 1898, Troiggs

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full: Flora.

Certificate of Death

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 1898 — Month: Oct — Day: — | Age: Y. M. D. Still Birth | Native of: — | Occupation: —

Male / ~~Female~~ — White / ~~Colored~~ — Married / ~~Single~~ — Widow / ~~Widower~~ — Divorced / ~~Number of children living~~

~~Husband~~ / Wife of

Father's Name: Geo W Flora

Mother's Name: Annie Gurtle Flora.

Cause of Death — Primary / Immediate: Prolapsed Cord 140

How long sick: ~~Accident, Suicide, Homicide~~

Reported by: H. B. Miller

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mary C. Fochtman

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Oct. Day 6 Age Y. 73 M. — D. 3 Native of Germany Occupation Retired

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Henry Fochtman

Father's Name Nicholas Borgman Mother's Name Elizabeth Borgman

Cause of Death Primary Hydro-Pericardium 55 How long sick 4 Weeks

Immediate Pneumonia ~~Accident, Suicide, Homicide~~

Reported by F. W. Fochtman M.D.

Address 18 N. Centre St Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Valentine Froehlich

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 Month: 10 Day: 3 | Age Y.: 76 M. D. | Native of | Occupation: Merchant

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary: Asthma 76 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by The Independent 10-3

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

James Godwin

Died at Town near Cumberland County Allegany MARYLAND

Date 189 5 Month 10 Day 11 | Age Y. 27 M. D. | Native of | Occupation

Male White Married Widow Divorced

~~Female~~ ~~Colored~~ Single Widower Number of children living

Husband / Wife of

Father's Name

Mother's Name

Cause of Death — Primary: Consumption 22a — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cumberland Independent

Address 10-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 05968

Name in Full

Certificate of Death

Died at Town Cumberland County Hager Allegany MARYLAND

Date 189 8 Month 10 Day 14 Y. M. D., Age 60 Native of Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 4

~~Husband~~ Wife of Thomas P. Hager

Father's Name

Mother's Name 76

Cause of Death { Primary Asthma & Dropsy How long sick

Immediate

Accident, Suicide, Homicide

Reported by Cumberland Independent

Address 10-14

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON

Name in Full

Certificate of Death

Mrs Christine Heuyler

Died at Town: Cumberland County: Allegheny MARYLAND

Date 1899 Month: Oct Day: 9 | Age Y.: 36 M.: D.: | Native of: Germany | Occupation:

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary: Brights + 97 | How long sick: 2 years
Immediate: Ebs | ~~Accident, Suicide, Homicide~~

Reported by Dr R C Muller

Address Cumberland Allegheny Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Jno. L. Hermann -

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Day Oct 16 Age Y. M. D. 36 - - Native of Cumberland Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Annie Hermann

Father's Name L. Hermann Mother's Name ——

Cause of Death Primary Paresis & blood Clot in brain How long sick 3 weeks

Immediate Exhaustion 42 ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by W. W. Wiley

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

John Horken Jr.

Died at Town: Frostburg County: Allegany MARYLAND

Date 189 8 Month: Oct Day: 2 Age Y. 46 M. D. | Native of US | Occupation Miner

Male ~~Female~~ | White Colored | ~~Married~~ ~~Single~~ ~~Widow~~ Widower Divorced | Number of children living 4

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 Immediate

How long sick 3 years

Accident, Suicide, Homicide

Reported by Mining Journal Oct 3rd

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

D. Timothy Griffith
Frostburg, Dec 3
C. F. Nickel, Undertaker,
Dec. 3 Frostburg, Md.

Name in Full | Certificate of Death

Leda Hyde

Died at Barton (Town) Allegany (County) MARYLAND

Date 1898 Month Oct Day 16 | Age Y. 3 M. 11 D. 1 | Native of Barton | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband of~~

~~Wife~~

Father's Name Wm Hyde

Mother's Name Sarah Hyde

Cause of Death: Primary Membranous Croup. | How long sick 2 days

Immediate Asphyxia 86 | ~~Accident, Suicide, Homicide~~

Reported by S. A. Boucher

Address Barton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

Mrs Elizabeth Jamison

Died at Town Murleysbranch County Allegany MARYLAND

Date 189 8 Oct Month 28 Day Age Y. 35 M. D. Native of Pa Occupation at Home wife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower Number of children living 5 m

Husband of Wife Maurice Jamison

Father's Name Bucher Mother's Name Dont Bauer

Cause of Death Primary Ventricular dis. Heart How long sick 30 minutes

Immediate Pulmonary apoplexy Accident, Suicide, Homicide

Reported by Thos P Robinson 57

Address Frantstone Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Mrs. William Kerns & Child

Died at Town Elkhorn, near Cumberland County Allegany MARYLAND

Date 1898 Month 10 Day | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Mountain Democrat Oakland

Address 11-3

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Koelker

Died at Town Cumberland County Allegheny MARYLAND

Date 1898 Month 10 Day 2 | Age Y. M. D. | Native of ? | Occupation

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband / Wife of Henry Koelker

Father's Name ?

Mother's Name

Cause of Death: Primary 161

Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Carriers 10-8

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Margaret Laney

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 P Month 10 - Day 18 Age Y. M. D. Native of Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name 57 Mother's Name

Cause of Death Primary How long sick

Immediate Accident, Suicide, Homicide

Reported by Rev. J. C. Nicholson, D.D.

Address 612 N. Gilmor St. Baltimore

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Attended by Dr. _____

of _____

The undertaker was G. Stanley Porter

of Cumberland

Information contained in this certificate received from _____

of _____

Name in Full Thos F Lewis — Certificate of Death

Died at Town Frostburg County Allegany MARYLAND

Date 189 8 Oct 1 Month Day Age Y. 27 M. D.

Native of Md Occupation Miner

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~

Husband of Wife

Father's Name John S Lewis

Mother's Name

Cause of Death: Primary crushed by fall of Coal

Immediate

How long sick

Accident, ~~Suicide, Homicide~~

Reported by W. B. Price

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name in Full

Certificate of Death

Charles Ellis Lindel

Died at Town Cumberland County Allegany MARYLAND

Date 189 Month Oct Day 11 | Age Y. 0 M. 2 D. 6 | Native of Cumb | Occupation none

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Charles & Lindel | Mother's Name Mary Lindel

Cause of Death { Primary Malarial fever | Immediate exhaustion } 19

How long sick two weeks

~~Accident, Suicide, Homicide~~

Reported by W J Craigen MD

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, F6868

Name in Full Mary Theresa Ling

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 8 Month 10 Day 10 Age Y. 66 M. D. Native of Wurtemberg Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ Wife of Ginge Ling

Father's Name Mother's Name

Cause of Death Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Courier Cumberland

Address 10-15

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

Name in Full John McGerran

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 F Month 11 Day 5 | Age Y. 91 M. D. | Native of Washington Co. | Occupation Butcher

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 How long sick

Immediate Accident, Suicide, Homicide

Reported by Independent Cumberland

Address 10-5

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full Lulu McKenzie

Certificate of Death

Died at Town Narrows Park County Allegany MARYLAND

Date 189 5 Month 10 Day 5 Age Y. 19 M. D. Native of Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name J. W. McKenzie Mother's Name 161

Cause of Death Primary Heart failure How long sick

Immediate Accident, Suicide, Homicide

Reported by Cumberland Independent

Address 10 6

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 55968

Name in Full

Certificate of Death

Harriet McLaughlin

Died at Town: Cumberland County: Allegany MARYLAND

Date 189X Month: 10 Day: 25 | Age Y.: 78 M. D.

Native of

Occupation

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

Widow ~~Widower~~

~~Divorced~~

Number of children living 3

Husband of Wife

Father's Name

Mother's Name 57

Cause of Death { Primary: Heart disease | Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Courier 10-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full (No name) McMakin Infants

Certificate of Death

Died at Town Cumbd County Alleg. MARYLAND

Date 1898 Month Oct Day 22 Age Y. M. D. 1 Native of Cumbd Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

57

Father's Name J.W. McMakin Mother's Name Maggie McMakin

Cause of Death Primary Valvular insufficiency How long sick 1 da

Immediate Heart Failure ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup M.D.

Address 100 Va Ave City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

John Major

Died at Town: Lonacoming County: Allegany MARYLAND

Date 1898 Month: Oct Day: 16 Age Y.: 13 M.: 2 D.: Native of: Maryland Occupation: School Boy

Male / ~~Female~~ White / Colored Married / Single Widow / Widower Divorced / Number of children living

Husband / Wife of

152a

Father's Name: James Major Mother's Name: Isabelle Wilson

Cause of Death: Primary: Fracture of skull How long sick: 7 hours

Immediate: Cerebral hemorrhage Accident, ~~Suicide, Homicide~~

Reported by: W. B. Skilling

Address: Lonacoming

OVER

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. [illegible] Skilling Replied

of Lonaconing,

The undertaker was Aug Eichhorn

of Lonaconing. Replied

Information contained in this certificate received from Mrs Lizzie Major

of Lonaconing,

Name in Full Charles Metz

Certificate of Death

Died at Town Carlos Switch County Allegany MARYLAND

Date 1898 Month Oct Day 25 Age Y. Dont M. Know D. Native of Mt Savage Md. Occupation Railroad Man

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Mrs Charles Metz

Father's Name Dont Know Mother's Name Dont Know

Cause of Death Primary 145 d. ~~How long sick~~

Immediate Accident Accident, ~~Suicide, Homicide~~

Reported by James Hanson Jr P acting coroner

Address Frostburg Md.

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. None in Attendance

of

Seen by Coroner James Hanson

of Frostburg Md

Information contained in this certificate received from Inquest Jury &c

of

Name in Full William N. Metz

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 189 5 Month 10 Day 4 Age Y. 61 M. D. Native of Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

Husband of
Wife

Father's Name

Mother's Name

Cause of Death { Primary Paralysis 44 How long sick 6 months

Immediate

Accident, Suicide, Homicide

Reported by Independent Cumberland 10-4

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65068

Name in Full | Certificate of Death

J. N. Myles

Died at Cumberland (Town) Allegany (County) MARYLAND

Date 1898, October 16th (Month, Day) Age about 45 (Y M D) Native of Pennsylvania Occupation Lumberman

Male yes White yes Married yes ~~Widow~~ Divorced

Female Colored Single Widower Number of children living

Husband of Wife Dont know

Father's Name dont know Mother's Name Dont know

Cause of Death: Primary 145 How long sick [illegible] killed instantly

Immediate Run over by R. R. Cars Accident, ~~Suicide, Homicide~~

Reported by Charles R. Morris J. P.

Address Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72706

Attended by Dr. _____

of _____

Finished

The undertaker was E. Stanley Butler

of Cumberland, Md.

Information contained in this certificate received from Charles R. Morris D.P.C.

of Cumberland, Md.

Name in Full

Certificate of Death

Carl Marshall O'Neal

Died at Town Cumberland County Allegany MARYLAND

Date 189 9 Month Oct. Day 16 | Age Y. 5 M. 15 D. | Native of Cumberland Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

82

Father's Name Alex Moore

Mother's Name Deborah O'Neal

Cause of Death: Primary Indigestion & Gastritis — How long sick 1 mo

Immediate Inanition & Meningitis — ~~Accident, Suicide, Homicide~~

Reported by Geo. L. Broadrup MD

Address 100 Va Ave Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

George Rice

Died at near Cumberland (Town) Allegheny (County) MARYLAND

Date 1898 | Month 10 Day 2 | Age Y. 67 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name

Mother's Name 1559

Cause of Death { Primary Dropsical trouble | Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Courier 10-8

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

Charles Francis Richard

Died at Town Cumberland County Allegany MARYLAND

Date 1895 Month Oct. Day 24 Age Y. M. D. 4.4 Native of Maryland Occupation Child

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife — — — — —

Father's Name John Richard Mother's Name Mary Richard

Cause of Death Primary Cholera Infantum How long sick

Immediate Acute Meningitis Accident, Suicide, Homicide

Reported by 82 J Jones Wiener

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Eugene W. Rinker

Died at Town Cumberland County Allegany MARYLAND

Date 189 8 Month Oct Day 3 | Age Y. 0 M. 4 D. 8 Native of Maryland Occupation none

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband / Wife of Stella V Rinker

Father's Name David W Rinker Mother's Name Stella V Rinker

Cause of Death — Primary: Malaria & Cholera Infant — How long sick: two months

Immediate: Convulsions Malaria — ~~Accident, Suicide, Homicide~~

Reported by Dr W J Lovegren 82

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Wm M Ritchie

Certificate of Death

Died at: Town ____ County: Allegany MARYLAND

Date 1898 Month: Oct Day: 27 Age Y. 38 M. — D. Native of: Scotland Occupation: Miner

Male / ~~Female~~ White / ~~Colored~~ Married / ~~Single~~ ~~Widow~~ / ~~Widower~~ ~~Divorced~~

Number of children living: 9

Husband / Wife of: Mary Ritchie

Father's Name: ____ Mother's Name: ____

Cause of Death: Primary: Disease of postate gland Chronic cystitis. How long sick: 4 Mos.

Immediate: Pyemia ~~Accident~~ ~~Suicide~~ ~~Homicide~~

104

Reported by: C Brokmarkle

Address: Sonacoming Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full Grant Rush

Certificate of Death

Died at S. Cumberland (Town) Allegany (County) MARYLAND

Date 189 5 Month 10 Day 27 Age Y. M. D. Native of Occupation Brakeman.

Male ~~Female~~ White Colored Married Single Widow Widower Divorced Number of children living

Husband of Wife

Father's Name Mother's Name

145d

Cause of Death { Primary Crushed by an engine } How long sick

{ Immediate }

Accident, Suicide, Homicide

Reported by Coroner Liberty Libertytown

Address 11-13

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full — Certificate of Death

Mr Bernard Smith

Died at Town: Cumberland — County: Allegany — MARYLAND

Date 1898 — Month: Oct 22nd — Day — Age: 64 — Y. M. D. — Native of: Prussia — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — Widow — Widower — Divorced — Number of children living: 6

Husband of Wife

Father's Name — Mother's Name: 100

Cause of Death — Primary: Carcinoma of Kidney — How long sick: One year

Immediate: Hemorrhage — Accident, Suicide, Homicide

Reported by: B. L. Miller M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jeremiah Strawn

Certificate of Death

Died at Town Alms House County Allegany MARYLAND

Date 189 8 Month 10 Day 26 Age Y. 79 M. – D. – Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 7

Husband of Wife

Father's Name

Mother's Name

Cause of Death Primary Chronic Diarrhoea

Immediate Exhaustion 83

How long sick for years

~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by C. J. H. Brace

Address Cumbd Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 63968

Name in Full Nancy Ferrell

Certificate of Death

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month 10 Day 31 | Age Y. 90 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single ~~Widower~~ Widow ~~Divorced~~

Number of children living 2

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Independent 11-1

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Reta Twigg

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Oct Day 10 Age Y. 2. M. 11. D. Native of Maryland Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

33

Father's Name Moses Twigg Mother's Name Mrs Moses Twigg

Cause of Death Primary Aestivo-Autumnal Fever How long sick 2 mo.

Immediate With Anaemia & Inanition ~~Accident Suicide Homicide~~

Reported by Geo. L. Broadway M.D.

Address 100 Va Ave Cumberland Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full | Certificate of Death

Mrs. John M. Van Horn

Died at Town: Cumberland County: Allegany MARYLAND

Date 189 8 Month: Oct Day: 13 | Age Y. M. D. | Native of | Occupation

~~Male~~ White Married Widow Divorced

Female Colored Single Widower Number of children living

~~Husband~~ Wife of John M. Van Horn

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick: Sudden

Immediate | Accident, Suicide, Homicide

Reported by Independent Cumberland Oct 13th

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85968

St. Patrick's Church.

Name in Full George Walker Thomas

Certificate of Death

Died at Town Ocean County Allegany MARYLAND

Date 189 8 Month 10-17 Day Age Y. 12 M. 4 D. 22 Native of Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Thomas Elsie

Mother's Name 161

Cause of Death { Primary How long sick

Immediate Accident, Suicide, Homicide

Reported by Evening Star 10-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 85068

Name in Full Albert Staters

Certificate of Death

Died ~~Ward~~ Town Flint Stone County Alleghany MARYLAND

Date 189 5 Month 10 Day 29 Age Y. 27 M. D. Native of Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 2

Husband of Wife

Father's Name David Staters

Mother's Name

161

Cause of Death Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Independent 10-31

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Nama in Full

Certificate of Daath

Mrs. Elizabeth Ways

Died at Town Cumberland County Allegany MARYLAND

Date 189 8 Month Oct Day 27 | Aga Y. 69 M. D. | Native of Frederick Co. | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ ~~Single~~ | Widow ~~Widower~~ | ~~Divorced~~

Number of children living 4

Husband Wife of Joseph Ways

Father's Name Miller Mother's Name

Cause of Death { Primary Brain fever 3 9 9 How long sick

Immediate

Accident, Suicide, Homicide

Reported by Independent Oct 27

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, ES 68

St Patricks Church.

Name in Full: Leo Wickard

Certificate of Death: Wickard

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 189 — Month: Oct — Day: 10 — Age: Y. 75 M. 2 D. 10 — Native of: Md — Occupation: Carpenter

Male / ~~Female~~ — White / Colored — Married / ~~Single~~ — Widow / Widower — ~~Divorced~~ — Number of children living: 6

Husband / ~~Wife~~ of: Elizabeth Ann Blocher

Father's Name: Jacob Wickard — Mother's Name: Mary Rice

Cause of Death — Primary: Valvular Heart Disease 57 — How long sick: One year

Immediate: Paralysis Respiratory Tract. — ~~Accident Suicide Homicide~~

Reported by: H B Miller

Address: Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Charles Edwin Widmyer — Certificate of Death

Died at — Town: Cumberland — County: Allegany — MARYLAND

Date 189 — Month: 10 — Day: 11 — Age: Y. 45 M. D. — Native of — Occupation: City engineer

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ — Number of children living 1

Husband ~~Wife~~ of Nancy (Chuck) Widmyer

Father's Name: Custis J. B. Widmyer — Mother's Name

Cause of Death — Primary: Pneumonia — How long sick

Immediate — Accident, Suicide, Homicide

Reported by: Cumberland Independent

Address: 10-11

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Addressed
Nov. 2'

Rev. J. E. Moffatt, did not officiate

Name in Full

Certificate of Death

Oriegand

Died at Town Cumberland County Allegany MARYLAND

Date 189 8 | Month 10 Day 1 | Age Y. M. D. | Native of | Occupation 0

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of

Wife

Father's Name Adam Oriegand

Mother's Name 161

Cause of Death: Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by The Courier 10-8

Address Cumberland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 68968

Name in Full Clarke Wilson

Certificate of Death

Died at Town Cumberland County Alleg. MARYLAND

Date 1898 Month Oct. Day 2. Age Y. 44 M. — D. Native of Ohio Occupation Salesman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living one

Husband / Wife of Clara Wilson

Father's Name — Mother's Name —

Cause of Death: Primary Typhoid fever 1 How long sick 4 wks

Immediate Intestinal hemorrhage ~~Accident, Suicide, Homicide~~

Reported by Stansbury

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65868

Name in Full

Certificate of Death

Thomas A. Wilson

Died at Town Barton County Allegany MARYLAND

Date 1898 Month Oct. Day 14 Age Y. 66 M. 13 D. Native of Scotland Occupation Miner

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 5

Husband ~~Wife~~ of Kathrine Wilson

Father's ~~Name~~ Andrew Wilson Mother's Name Unknown

Cause of Death Primary Pleurd Pneumonia How long sick 4 days

Immediate — 71 ~~Accident, Suicide, Homicide~~

Reported by S. A. Boucher

Address Barton Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name in Full

Certificate of Death

Margaret Withers

Died at Town Cumberland County Allegany MARYLAND

Date 1898 Month Oct Day 28 | Age Y. 42 M. 7 D. 9 | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

~~Husband~~ Wife of George H Withers

Father's Name Henry Brown | Mother's Name Jemar Johnson

Cause of Death: Primary Typhoid Fever | How long sick 1

Immediate Exhaustion | ~~Accident, Suicide, Homicide~~

Reported by W J Craigen M D

Address Cumberland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968